

<i>SERFF Tracking Number:</i>	<i>LFCR-126145946</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Berkshire Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>42444</i>
<i>Company Tracking Number:</i>	<i>PA194 -4-2009</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>BG01P(01/09)-AR et al.</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Berkshire Life Insurance Company of America

Product Name: BG01P(01/09)-AR et al.

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Advertisement

SERFF Tr Num: LFCR-126145946

SERFF Status: Closed

Co Tr Num: PA194 -4-2009

Co Status:

Author: Smith Darlene

Date Submitted: 05/18/2009

State: ArkansasLH

State Tr Num: 42444

State Status: Closed

Reviewer(s): Marie Bennett

Disposition Date: 05/27/2009

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/27/2009

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 05/27/2009

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Please see Cover Letter

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - LCA01)

Karina Amaral, Compliance Analyst 1 -

karina.amaral@lifecareassurance.com

Advertising

SERFF Tracking Number: LFCR-126145946 State: Arkansas  
Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 42444  
Company Tracking Number: PA194 -4-2009  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: BG01P(01/09)-AR et al.  
Project Name/Number: /

21600 Oxnard Street (818) 867-2307 [Phone]  
Woodland Hills, CA 91367 (818) 867-2508[FAX]

**Filing Company Information**

Berkshire Life Insurance Company of America CoCode: 71714 State of Domicile: Massachusetts  
Long Term Care Administrative Office Group Code: 429 Company Type:  
P.O. Box 4243  
Woodland Hills, CA 91365-4243 Group Name: State ID Number:  
(818) 867-2450 ext. [Phone] FEIN Number: 75-1277524  
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	\$25.00 per form/1 form filed
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Berkshire Life Insurance Company of America	\$25.00	05/18/2009	27951918

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Marie Bennett	05/27/2009	05/27/2009

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*TOI:*                      *LTC03I Individual Long Term Care*                      *Sub-TOI:*                      *LTC03I.001 Qualified*  
*Product Name:*              *BG01P(01/09)-AR et al.*  
*Project Name/Number:*      /

## **Disposition**

Disposition Date: 05/27/2009

Implementation Date:

Status: Filed-Closed

Comment: The attached advertisement is approved for use in Arkansas subject to prior approval of the association as required by AR Code 23-97-305.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter		Yes
Form	Association Member Pre-Approach Letter		Yes

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TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: BG01P(01/09)-AR et al.

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## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	PA194 -4-2009	Advertising Association Member Initial Pre-Approach Letter	Initial		0	PA194 pre-approach letter final 5-09.pdf

<Date>

<Member>

<Address>

<Address>

Dear <Member>:

We know you're concerned about planning for a financially secure future. As a member of, we are pleased to offer you a 5% discount on LTC Choice ProVider™ Long Term Care Insurance—an individual long term care insurance policy that you can customize to meet your personal needs. This coverage is offered by Berkshire Life Insurance Company of America, a company that has received the highest financial strength rating from A. M. Best Company.<sup>1</sup>

According to the U.S. Department of Health and Human Services, 70% of people over age 65 will need long term care services. Today, the national average for care in a nursing home facility is \$68,000 per year.<sup>2</sup>

To help you to prepare for the possibility that you or a loved one may someday require long term care, we're proud to offer you, your spouse/domestic partner, your parents, grandparents, and children the opportunity to purchase LTC Choice ProVider Long Term Care Insurance at a discount.

Talk to your family members about their long-term plans, and review the enclosed brochure. For more information on this important program, contact <name>, <title> at <phone>.

Sincerely,

<Name>

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<sup>1</sup> A.M. Best Rating of A++ Superior as of November 2008. This rating refers only to the overall financial status of the company and is not a recommendation of the specific provisions, rates or practices of the insurance company.

<sup>2</sup> *Paying for Long Term Care, and What Does Long Term Care Cost?*, U. S. Department of Health and Human Services ([www.longtermcare.gov](http://www.longtermcare.gov)), March 2009).

Long Term Care Insurance is underwritten by **Berkshire Life Insurance Company of America**, Pittsfield, MA, a wholly owned stock subsidiary of The Guardian Life Insurance Company of America, New York, NY. This letter describes coverage offered through BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA'S long term care insurance policies. Depending on state availability, coverage will be offered by policy forms BG01P (01/09) et al., in ID through policy forms BG01P (01/09)-ID. Long Term Care Insurance coverage is the financial responsibility of Berkshire Life Insurance Company of America. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the long term care insurance policy may be continued in force, contact your agent/ representative. The purpose of this communication is the solicitation of insurance. An agent/representative may contact you.



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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:**

**Satisfied -Name:** Cover Letter 05/08/2009  
**Comments:**  
**Attachment:**  
AR DOI Cover 5-08-09.pdf



**Berkshire**

**Berkshire Life  
Insurance Company of America**

May 8, 2009

Harris Shearer  
Rate and Form Analyst  
Arkansas Department of Insurance  
1200 West Third Street,  
Little Rock, Arkansas 72201-1904

**Re: BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA – NAIC # 71714**  
Long Term Care Insurance Advertising Materials  
For use with Policy form number BG01P(01/09)-AR et al.

PA194 -4-2009      Association Member Pre-approach letter

Dear Mr. Shearer,

We are submitting the above referenced advertising material for your review. The above material is meant to be an “invitation to inquire” about Berkshire Life Insurance Company of America’s long term care insurance policy.

Thank you very much for your assistance with this submission. If you have any questions, please do not hesitate to contact me.

Sincerely,

Karina Amaral  
Compliance Analyst  
(800) 366-5463, ext. 2307  
Karina.Amaral@LifeCareAssurance.com  
Attachment